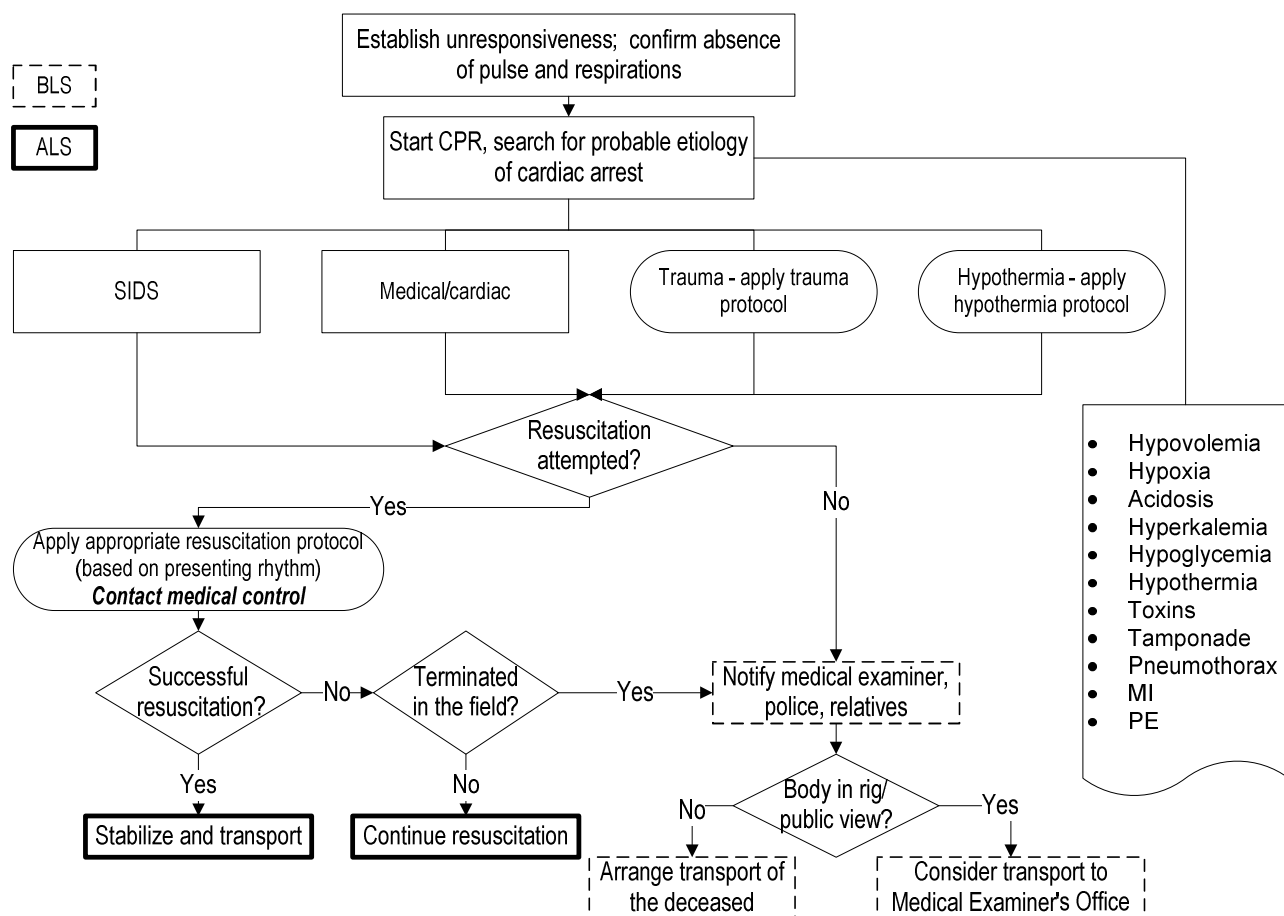


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| Initiated: 11/73         |
| Reviewed/revised: 6/1/06 |
| Revision: 21             |

**MILWAUKEE COUNTY EMS  
MEDICAL PROTOCOL  
CARDIAC ARREST**

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| Approved by: Ronald Pirrallo, MD, MHSA |
| Signature:                             |
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**NOTES:**

- Defibrillation at 200 joules Biphasic is the energy equivalent to 360 joules Monophasic.
- BLS shall be started on all patients in cardiac arrest with the exception of victims with: decapitation; rigor mortis; evidence of tissue decomposition; dependent lividity; presence of a valid Do-Not-Resuscitate order.
- Medical control is to be consulted on **all** resuscitation attempts unless ROSC in adults with SBP>90 and no ectopy.
- An ALS resuscitation attempt requires an order from medical control to terminate the attempt, regardless of the circumstances. The paramedic team must continue the resuscitation attempt begun with a defibrillation by an EMT-D unit from the point in the protocol where the EMT-D team transfers patient care to the ALS team and must contact medical control.
- Medical control is to be consulted on all questionable resuscitations. CPR and ALS procedures will neither be withheld nor delayed while the decision regarding resuscitation is made.
- Routine use of Amiodarone or lidocaine after successful defibrillation is not indicated.
- For the suspected hypothermic patient in cardiac arrest, transport immediately to the Trauma Center. If the patient is in Vfib, defibrillate once at M 200 joules or B 120 joules (2 joules/kg – mono *and* biphasic - for patients less than 8 years old). Resuscitation must be attempted in traumatic cardiac arrests if the patient is in Vfib (defibrillate at M 200 joules or B 120 joules once and transport) or if the patient has a narrow QRS complex, regardless of the rate.
- For SIDS patients consider possible physiologic causes: hypothermia - warm the baby; hypoglycemia - check blood sugar and contact medical control.